

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Texas

CASE MANAGEMENT SERVICES

A. Target Group: Chronically Mentally Ill

See attachment.

B. Areas of State in which services will be provided:

☒ Entire State.

☐ Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide:

C. Comparability of Services

☐ Services are provided in accordance with section 1902(a)(10)(B) of the Act.

☒ Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services:

See attachment.

E. Qualification of Providers:

See attachment.

STATE <u>Texas</u>	A
DATE RECEIVED <u>DEC 30 1988</u>	
DATE APPROVED <u>MAR 12 1990</u>	
DATE REVIEWED <u>OCT - 1 1988</u>	
HCFA 177 <u>88-23</u>	

TN No. 88-23

Supersedes 87-10 Approval Date 3-12-90

Effective Date 10-1-88

CASE MANAGEMENT SERVICES
Chronically Mentally Ill

A. **Target Population**

Medicaid eligible individuals with chronic mental illness. These individuals have the right to refuse to receive or participate in case management activities.

Case management activities may be provided to persons, regardless of age, who have a single chronic mental disorder, excluding mental retardation, or a combination of chronic mental disorders as defined in the latest edition of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders and are at risk of institutionalization. Those at risk of institutionalization include individuals who, without community-based support services, would require long-term psychiatric care in a hospital.

D. **Definition of Services**

Case management activities are provided to assist Medicaid eligible individuals with chronic mental illness in gaining access to medical, social, educational, and other appropriate services that will help them achieve a quality of life and community participation acceptable to each individual. The role of persons who provide case management activities is to support and assist the person in achieving personal goals. Case management activities are provided regardless of age.

Case management activities include:

- o **Screening and Assessment:** Obtaining client-identifying information and identifying the nature of the presenting problem and the service and support needs of the individual which are documented in writing.

STATE <u>Texas</u>	A
DATE REC'D <u>06-29-95</u>	
DATE APP'VD <u>09-06-95</u>	
DATE EFF <u>05-17-95</u>	
HCFA 179 <u>95-14</u>	

SUPERSEDES: TN - 88-23

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Chronically Mentally Ill

- o **Monitoring:** Evaluating the effectiveness of the services and the need for additional or different services which are documented in writing.
- o **Crisis Intervention:** Locating and coordinating emergency services which are documented in writing.
- o **Service Planning and Coordination:** Identifying and arranging for the delivery of services and supports that address the individual's needs which are documented in writing.

Service Limitations

Case management activities will not be reimbursable as a Medicaid service if another payor is liable or if the activities are associated with the proper and efficient administration of the state plan. Case management activities associated with the following are not reimbursable as targeted case management service:

- o Medicaid eligibility determinations and redeterminations;
- o Medicaid eligibility intake processing;
- o Medicaid preadmission screening;
- o Prior authorization for Medicaid services;
- o Required Medicaid utilization review;
- o EPSDT administration; or
- o Medicaid "lock-in" provided for under Section 1915(a) of the Omnibus Reconciliation Act of 1987.

STATE <i>Texas</i>	A
DATE REC'D <i>06-29-95</i>	
DATE APP'D <i>09-06-95</i>	
DATE EFF <i>02-17-95</i>	
HCFA 179 <i>95-14</i>	

SUPERSEDES: TN • *88-23*

CASE MANAGEMENT SERVICES
Chronically Mentally Ill

Specifically, reimbursement will not be made for:

- o Services that are an integral and inseparable part of another Medicaid service such as discharge planning from a Medicaid certified acute care facility, Nursing Facility (NF), Intermediate Care Facility for the Mentally Retarded (ICF/MR) or inpatient psychiatric facility;
- o Outreach activities that are designed to locate individuals who are potentially Medicaid eligible; or
- o Any medical evaluation, examination, or treatment billable as a distinct Medicaid covered benefit; however, referral arrangements and staff consultation for such services are reimbursable as case management activities.

E Qualifications of Providers

Section 4118(i) of P.L. 100-203, Omnibus Reconciliation Act of 1987, is invoked limiting the provider of case management activities to the State Mental Health Authority, which is the Texas Department of Mental Health and Mental Retardation (TDMHMR), or local authorities designated in accordance with §534.054 of the Texas Health and Safety Code, which offer a service delivery system for required services as set forth in §534.053 of the Texas Health and Safety Code.

TDMHMR has implemented rules, standards, and procedures to ensure that case management activities are:

- o available on a statewide basis with procedures to ensure continuity of services without duplication;
- o provided by persons who meet the requirements of education and work experience commensurate with their job responsibilities as specified by TDMHMR; and
- o in compliance with federal, state, or local laws, including directives, settlements, and resolutions applicable to the target population.

STATE <i>Texas</i>	
DATE REC'D <i>06-29-95</i>	
DATE ADJ'D <i>09-06-95</i>	
DATE EFF <i>05-17-92</i>	
HCFR 179 <i>95-14</i>	A

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Texas

CASE MANAGEMENT SERVICES

A. Target Group: Mentally Retarded or Related Conditions

See attachment

B. Areas of State in which services will be provided:

☒ Entire State.

☐ Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide:

C. Comparability of Services

☐ Services are provided in accordance with section 1902(a)(10)(B) of the Act.

☒ Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services:

See attachment

E. Qualification of Providers:

See attachment

STATE <u>TX</u>	A
DATE REC'D <u>12-30-88</u>	
DATE APP'D <u>2-15-89</u>	
DATE EFF <u>10-1-88</u>	
HCFA 129 <u>88-24</u>	

TN No. 88-24
Supersedes
TN No. new

Approval Date 2-15-89

Effective Date 10-1-88

HCFA ID: 1040P/0016P

A. **Target Population**

Medicaid eligible individuals with mental retardation or a related condition and require long term care in the community.

Mental retardation is defined as significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior and originating during the developmental period. Subaverage general intellectual functioning refers to measured intelligence on standardized psychometric instruments of two or more standard deviations below the age group mean for the tests used. Developmental period means the period of time from conception to 18 years. Arrest or deterioration of intellectual ability that occurs after this period is functional retardation and does not meet the definition of mental retardation. Related condition is defined as a severe, chronic disability that meets the criteria outlined in 42 CFR 453.1009.

D. **Definition of Services**

Case management activities are provided to assist Medicaid eligible individuals with mental retardation or a related condition in gaining access to medical, social, educational, and other appropriate services that will help them achieve a quality of life and community participation acceptable to each individual. The role of persons who provide case management activities is to support and assist the person in achieving personal goals. Case management is provided regardless of age.

Case management activities include:

- o **Screening and Assessment:** Obtaining client-identifying information and identifying the nature of the presenting problem and service and support needs of the individual which are documented in writing.
- o **Crisis Intervention:** Locating and coordinating emergency services which are documented in writing.

STATE	<i>Texas</i>	A
DATE REC'D	<i>06-29-95</i>	
DATE APP'D	<i>09-26-95</i>	
DATE CH	<i>05-17-95</i>	
HCFA 179	<i>95-15</i>	

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- o **Service Planning and Coordination:** Identifying and arranging for the delivery of services and supports that address the individual's needs which are documented in writing.
- o **Monitoring:** Evaluating the effectiveness of the services and the need for additional or different services which are documented in writing.

Service Limitations

Case management activities will not be reimbursable as a Medicaid service if another payor is liable or, if the activities are associated with the proper and efficient administration of the state plan. Case management activities associated with the following are not reimbursable as targeted case management service:

- o Medicaid eligibility determinations and redeterminations;
- o Medicaid eligibility intake processing;
- o Medicaid preadmission screening;
- o Prior authorization for Medicaid services;
- o Required Medicaid utilization review;
- o EPSDT administration; and
- o Medicaid "lock-in" provided for under Section 1915(a) of the Omnibus Reconciliation Act of 1987.

Specifically, reimbursement will not be made for:

- o Services that are an integral and inseparable part of another Medicaid services such as discharge planning from a Medicaid certified acute care facility, Nursing Facility (NF), and Intermediate Care Facility for the Mentally Retarded (ICF/MR). This exclusion does not include case management services provided in a mental retardation facility certified by TDMHMR and that is not already being reimbursed under Medicaid for case management services;

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DATE REC'D	<u>06-29-95</u>	
DATE APP'D	<u>09-06-95</u>	
DATE EFF	<u>05-17-95</u>	
HCFA 179	<u>95-15</u>	

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- o Outreach activities that are designed to locate individuals who are potentially Medicaid eligible;
- o Any medical evaluation, examination, or treatment billable as a distinct Medicaid covered benefit; however, referral arrangements and staff consultation for such services are reimbursable as case management activities; or
- o Services provided under the Home and Community Based Services Waiver for Mentally Retarded Individuals.

E Qualifications of Providers

Section 4118(i) of P.L. 100-203, Omnibus Reconciliation Act of 1987, is invoked limiting the provider of case management activities to the State Mental Retardation Authority, which is the Texas Department of Mental Health and Mental Retardation (TDMHMR), or local authorities designated in accordance with §534.054 of the Texas Health and Safety Code, who offer a service delivery system for required services as set forth in §534.053 of the Texas Health and Safety Code.

TDMHMR has implemented rules, standards, and procedures to ensure that case management activities are:

- o available on a statewide basis with procedures to ensure continuity of services without duplication;
- o provided by persons who meet the requirements of education and work experience commensurate with their job responsibilities as specified by TDMHMR; and
- o in compliance with federal, state, or local laws, including directives, settlements, and resolutions applicable to the target population.

STATE <u>Texas</u>	A
DATE REC'D <u>06-29-95</u>	
DATE APP'D <u>04-06-95</u>	
DATE EFF <u>05-17-95</u>	
HCFA 179 <u>15-15</u>	

SUPERSEDES: TN. 88-24

Revision: HCFA-PM-87-4 (BERC)
MARCH 1987

SUPPLEMENT 1 TO ATTACHMENT 3.1-A
Page 1C
OMB No.: 0939-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Texas

CASE MANAGEMENT SERVICES

A. Target Group: Blind and Visually Impaired Children

See attachment.

B. Areas of State in which services will be provided:

☒ Entire State.

☐ Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide.

C. Comparability of Services

☐ Services are provided in accordance with section 1902(a)(10)(B) of the Act.

☒ Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services:

See attachment.

E. Qualifications of Providers:

See attachment.

STATE	<i>Texas</i>	A
DATE REC'D	<i>JUL 25 1990</i>	
DATE APPV'D	<i>OCT - 4 1991</i>	
DATE EFF	<i>JUL - 1 1990</i>	
HCFA 179	<i>90-28</i>	

TN No. *90-28*
Supersedes
TN No. *None - New Page*

Approval Date *OCT 4 1991*

Effective Date *JUL - 1 1990*

HCFA ID: 1040P/0016P

Case Management Services
Blind and Visually Impaired Children

A. Target Population

The target population consists of blind or visually impaired children under age 16 who are Medicaid-enrolled. These children meet criteria for developmental disabilities set forth in the Developmental Disabilities Act of 1984 (Public Law 98-527).

D. Definition of Services

Case management services are provided to assist Medicaid-enrolled individuals with blindness or visual impairments in gaining access to medical, social, educational, vocational and other appropriate services that will help these individuals reach or maintain an optimum level of functioning in the community. For case management services to be payable, there must be one or more case management contacts per month on the client's behalf or with the client, either face-to-face or by telephone, for the purpose of enabling the client to obtain services as specified above. A case manager may have no more than 85 cases active at one time.

Case management services include:

Initial Intake: An initial written study, often performed in the client's home, used by the case manager to determine the level of case management assistance needed by the client. As part of the intake the case manager performs a social history and initiates arrangements for a medical evaluation. The intake may show that referral may be the only service required for the client.

Comprehensive Assessment: An evaluation of the client's current situation used to determine the need for medical, social, educational, vocational and other services. The written comprehensive assessment is completed by the case manager. At a minimum, the written assessment must address the following:

1. Identifying information;
2. The client's visual impairment/handicap;
3. Level of educational achievement;
4. Economic status;

STATE	Texas	A
DATE REC'D	JUL 25 1990	
DATE APPV'D	OCT - 4 1991	
DATE EFF	JUL - 1 1990	
HCH#	179 90-28	

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